Initial contribution return

Use this form to make your first contributions to Transuper.

*If you have any questions about completing this form, please contact the Employer Service Team on **1800 808 799**, fax 1300 889 807 or email transuperadmin@aas.com.au*

Issued without a PDS

Your contact details

(Please use CAPITAL LETTERS and a black pen)

Employer number (if known)

ABN

Employer name

Employer contact person

Employer address

Suburb/Town/City

State

Postcode

Telephone number

Facsimile number

Email address

Payment details

Initial contributions must be made by cheque payable to Transuper.

Other payment methods can be used for future contributions. See the *Employer Information Booklet* for more information.

Contribution period:

From / / to / /

If you are making contributions for more than four employees, please copy the back page of this form as many times as you require, and attach those copies to the original form. **Don't forget to include the Total amount remitted.**

I intend to pay by:

BPAY EFT Cheque

Member contact details

Member number (if known)

Mr Mrs Miss Dr

Sex M/F

Date of birth / /

Surname

Given names

Street/PO Box number

Street name

Suburb/Town/City

State

Postcode

Member Tax File Number

Weeks

Award SG

$, .

Employer Extra

$, .

Member

$, .

Total for this member

$, .

Member number (if known) | Mr Mrs Miss Dr | Sex M/F | Date of birth

Surname

Given names

Street/PO Box number | Street name

Suburb/Town/City | State | Postcode

Member Tax File Number

Weeks | Award SG | Employer Extra | Member

$, . | $, . | $, .

Total for this member

$, .

Member number (if known) | Mr Mrs Miss Dr | Sex M/F | Date of birth

Surname

Given names

Street/PO Box number | Street name

Suburb/Town/City | State | Postcode

Member Tax File Number

Weeks | Award SG | Employer Extra | Member

$, . | $, . | $, .

Total for this member

$, .

Member number (if known) | Mr Mrs Miss Dr | Sex M/F | Date of birth

Surname

Given names

Street/PO Box number | Street name

Suburb/Town/City | State | Postcode

Member Tax File Number

Weeks | d SG | Employer Extra | Member

$, . | $, . | $, .

Total for this member

$, .

By making this initial contribution return, we acknowledge that there is an arrangement between us and the Trustee whereby we will contribute on behalf of the employees that we nominate such amount (subject to any award obligations) as we determine from time to time.

TOTAL

$, .

Send your completed form to: Transuper, Locked Bag 5094, Parramatta NSW 2124

Issued by TWU Nominees Pty Ltd ABN 67 002 835 412, AFSL No 239163.
TWU Nominees Pty Ltd is the trustee of TWUSUPER (ABN 77 343 563 307).
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